

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Anthony E. BOLTON et al.
Title: APOPTOTIC ENTITIES FOR
USE IN TREATMENT OF
ENDOTHELIAL
DYSFUNCTION DISORDERS
Appl. No.: 09/866,569
Filing Date: 5/25/2001
Examiner: Christopher H. Yaen
Art Unit: 1643
Confirmation Number: 4479

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

The fee required for additional claims is calculated below:

	Claims As Amended	-	Previously Paid For	=	Extra Claims Present	x	Rate	=	Additional Claims Fee	
Total Claims:	14	-	24	=	0	x	\$50.00	=	\$0.00	
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00	
First presentation of any Multiple Dependent Claims:		+					\$360.00	=	\$0.00	
CLAIMS FEE TOTAL									=	\$0.00

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00	\$1,020.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:		\$1,020.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,020.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$510.00
	Extension Fees Previously Paid:		\$0.00
	TOTAL FEE:		\$510.00

The above-identified fees of \$510.00 are being paid by credit card via EFS-Web.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date May 16, 2007

By Gerald F. Swiss

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Gerald F. Swiss
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